



DIVISIONS
ENERGY
GAS AND OIL
MINED LAND RECLAMATION
MINERAL MINING
MINERAL RESOURCES
MINES
ADMINISTRATION

COMMONWEALTH OF VIRGINIA

Department of Mines, Minerals and Energy

Division of Mines

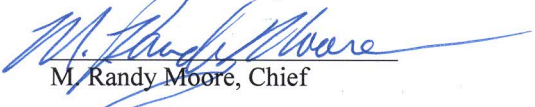
P.O. Drawer 900

Big Stone Gap, Virginia 24219-0900

(276) 523-8100 FAX (276) 523-8239

www.dmme.virginia.gov

MEMORANDUM DM – 11-08

TO: All Licensed Mine Operators
FROM: 
M. Randy Moore, Chief
SUBJECT: Submittal of Annual Report and Tax Affidavits
DATE: December 29, 2011

The Coal Mine Safety Laws of Virginia Section 45.1-161.62, requires the operator or his agent of every coal mine to mail or deliver annually by February 15th to the Department of Mines, Minerals and Energy (DMME):

- A report (DM-CM-2) of the preceding twelve months ending with December 31st.
- An affidavit, certified by the Commissioner of the Revenue of the locality in which the coal mine operations are conducted, stating all local coal severance taxes due with respect to the coal mining operations have been paid.
- An affidavit, certified by the Treasurer of the locality in which the coal mining operations are conducted, stating all personal property, real estate, and mineral land taxes due with respect to coal mining operations have been paid.

Enclosed is the Coal Mining Schedule, Form DM-CM-2, which is to be completed when filing your annual report with the Department.

This year we are pleased to announce that you may also submit via Dm's E-Forms Center. To submit electronically, you must first request a user ID. To obtain a user ID, please review, complete, and return the attached authorization form (this form is used to determine what permissions can be approved for the users in your company). For help and an overview of the registration process, please visit www.dmme.virginia.gov/DmEformsHelp.shtml or contact Becky Sanders at (276) 523-8227 or Becky.Sanders@dmme.virginia.gov.

Please complete and submit the annual report for your 2011 mining operations, along with affidavits from the Commissioner of the Revenue and Treasurer of the locality in which coal mining was conducted, by **February 15, 2012**. These documents may be mailed or delivered to DMME's Big Stone Gap Office, P.O. Drawer 900, Big Stone Gap, VA 24219, or to the DMME Lebanon Office location, P. O. Drawer 159, Lebanon, VA 24266 located at 135 Highland Drive or submitted via the E-Forms Center.

Should you have questions concerning this requirement or need assistance in completing the annual report form, please call 276-523-8236.

Enclosures

User must request Login ID at: <http://www.dmme.virginia.gov/Dm/default.htm>

The Company: _____ must approve the requested user by submitting this form to Division of Mines, PO Drawer 900, Big Stone Gap, VA 24219, Attn: Becky Sanders.

The following company employee and/or agent is authorized to access or submit electronic entries to the indicated Division Mines forms:

Name: _____	
<u>Authorized Forms and Access Level</u>	
Form Name	Access Level (View, Save, Submit)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Or Check Box for full access: <input type="checkbox"/> All Forms <input type="checkbox"/> All Access	

Form needed for each employee

The undersigned, being an officer of _____, does hereby affirm that
(Company Name)

the company employees and/or agents named in the list above are authorized to access and make entries to the indicated forms. In so doing, the named employees/agents are acting on behalf of _____ in the filing of required data, information or forms. All
(Company Name)

submitted data or information will meet the requirements of Title 45.1 of the Coal Mine Safety Laws of Virginia and 4 VAC 25 of the Safety and Health Regulation for Coal Mines.

_____ understands that each authorized employee/agent will be given a
(Company Name)

password that will allow entry to designated forms, and that the right of entry will remain in effect until authorization is withdrawn or altered in writing by your company. Your company further understands that, on any document or form requiring signature, entry into the DM system by password will have the effect of signature by a company officer.

Signed this _____ day of _____, 20____

Name (Print or type): _____

Title: _____